

EUROPEAN COMMISSION –
EMPLOYMENT AND SOCIAL AFFAIRS DG



SUMMARY OF FINDINGS

OF THE PROJECT

ALCOHOL & THE WORKPLACE

- **A European Comparative Study on Preventive and Supportive Measures for Problem Drinkers in their Working Environment-**



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▪ INTRODUCTION

The aim of this study was defined as follows:

- *The realisation of a European comparative study on alcohol related problems in the workplace, in which existing best practices in companies will be identified and analysed, will enable the development of a European strategy to encourage a better dissemination of information, as well as raise awareness of the problem among employees and companies in Europe. It will also provide guidelines and tools for the adoption of preventive and supportive measures by companies for employees with alcohol problems, who would otherwise risk losing their jobs and, as a consequence, risk social exclusion. Furthermore the study will seek to identify methodologies that will encourage the dialogue and exchange of experiences between European companies. This bottom-up approach will contribute to the design of social policies to reduce unemployment and social exclusion at a European level.*

The study was divided in phases, as described below, and a short summary of the findings of each phase will follow on the next pages.

- **A background study on alcohol-related problems;**
In this phase of the study, which served as a background for the subsequent phases, the researchers studied the statistics on alcohol use in the European Region, analysed the social and health risks for persons who are dependant on alcohol and the different cultural attitudes towards alcohol consumption were analysed.
- **A study on the policies and legislation adopted by the European Union and the various Member States regarding alcohol-related problems;**
The principal legislative initiatives of the international community and the European Union were analysed, among which The European Alcohol Action Plan, The European Charter on Alcohol and Health 21. Furthermore, the policies and legislation regarding alcohol-related problems implemented by the different EU Member States were studied.
- **A study on alcohol-related problems in the workplace;**
In this phase of the research, the range of health, safety and other consequences related to workplace alcohol use were analysed. Several aspects were taken into account, in three sub-phases:
3.1) *The problems for employees who misuse alcohol;*
3.2) *The problems for organisations;*
3.3) *Internal factors that can contribute to the emergence of alcohol-related problems in a company.*
- **The identification of best practices in implementing measures within companies that encourage a better dissemination of information among employees, and preventive and supportive measures for employees that have alcohol problems;**
This study has identified a number of cases that represent best practices and have been implemented by companies in the European Union. “Best practices” here means the so-called workplace policies implemented by organisations that are seeking to address alcohol-related problems in the workplace as efficiently as possible, and that have proved to be effective.
- **A study of the conditions that will encourage and facilitate the transfer of individual best practices at a European level and the identification of methodologies and tools that can encourage the dialogue and exchange of experiences between European organisations.**
The most significant best practices were analysed in the light of their possible implementation at a European-wide level. A comparative analysis was carried out, to compare and contrast the various elements and characteristics of alcohol workplace policies that were defined as best practices in the previous phase. The study furthermore sought to identify methodologies and tools that will encourage the dialogue and exchange of experiences between European companies.

▪ **SUMMARY OF FINDINGS PHASE 1**

A background study on alcohol-related problems

1.1 STATISTICS ON ALCOHOL CONSUMPTION

With regard to the measurement of alcohol consumption in a given population, usually the first statistics that come to mind are those that represent estimates of per capita consumption of alcohol. Estimates of per capita consumption of alcohol across the population are calculated by dividing the sum of alcohol production and imports less alcohol exports by the adult population (aged 15 years and older). However, with regard to alcohol consumption per capita there is little uniformity among the developed scales to measure the quantity and the frequency of drinking. The only agreement within the scientific community seems to be the decision to measure alcohol consumption per capita in litres of **pure alcohol**, being aware that this can lead to slight overestimation or underestimation of alcohol consumption in areas where the main beverages are substantially stronger or weaker than international averages.

Per capita consumption figures do not give a clear picture of who is drinking, in what way they are drinking, how often and how much they drink. In fact, the data represent the average per capita consumption, but give no indication whatsoever on the phenomenon of alcohol dependence or problem drinking, as the figures include very different behavioural drinking patterns that can vary from chronic dependence on alcohol to moderate drinking or binge drinking large amounts occasionally.

Aware of this problem, many developed countries have performed annual or periodic household or other national surveys to ascertain both quantity and frequency of drinking, and have developed scales that incorporate both. However, there is little uniformity among these scales. The World Health Organisation (WHO) is in the process of developing guidelines for countries seeking to collect data on drinking patterns, recommending standardised survey methods and questions (WHO, in press). In the absence of data from such standardised research, cross-national comparisons are difficult, and must be qualified with regard to the many different definitions and methods used.¹

One can conclude that both measurement of alcohol consumption and the conceptual definition of drinking patterns suffer from a significant lack of international consent. This is probably caused by the difficulties encountered by the scientific community in dealing with a sensitive argument like the alcohol related-problems, which have high social relevance and involve many cultural differences between countries.

1.2 HEALTH RISKS FOR PEOPLE WHO MISUSE ALCOHOL

Alcohol has broad consequences in the social area, direct consequences on physical health, and it can lead to addiction. Excessive use especially is damaging to the body, but even limited consumption of alcohol can have serious consequences, such as in traffic accidents and at work. In this chapter, the physical symptoms of excessive use of alcohol were reviewed, and the consequences for mental health were discussed, leading to the following conclusions:

¹ World Health Organisation (WHO). *Global Status Report on Alcohol*. Geneva 1999

Long and excessive use of alcohol can cause several physical and mental problems. The physical problems concern several parts of the body, including the liver and digestive system, the brain and the nervous system, the heart and the circulatory system, and bones, skin, and muscles. Liver damage may range from fatty liver, which can be reversed if the person stops drinking, to alcohol hepatitis or acute inflammation, eventually leading to alcoholic cirrhosis (scarring of the liver) and liver cancer. Prolonged heavy drinking is linked to some forms of brain damage. Korsakoff's syndrome is the most severe symptom of brain damage caused by alcohol use. The most common symptom of heavy and prolonged alcohol use is hypertension or high blood pressure. This condition may cause a number of adverse effects for the physical well-being of heavy drinkers. Hypertension increases the risk of stroke and coronary heart disease.

Apart from the symptoms of brain damage such as Korsakoff's syndrome, Wernicke's syndrome and alcohol dementia, alcohol also has an impact on other aspects of mental health. Although it is difficult to establish causality of the association between mental diseases and alcohol use, there are clear relationships between several mental health issues and excessive use of alcohol. Almost all drinkers report symptoms of anxiety and depression. Furthermore, alcohol misuse may accelerate a psychiatric disorder, such as psychosis. Also aggression and suicide may result from heavy and chronic alcohol use.

1.3 ALCOHOL RELATED SOCIAL PROBLEMS

Social problems arise from both the acute and chronic effects of alcohol consumption. These problems may affect not only the drinker, but others too, for example family members, employers or the victims of assault. Alcohol is linked to a wide range of social problems, including: crime, relationship breakdown, unsafe sexual behaviour, violence, accidents, employment problems and financial difficulties.

For specific offences such as drink-driving or public drunkenness, alcohol can be said to be the cause. But in most cases, alcohol consumption can only be considered a contributory factor. Alcohol may act as an inhibitor, or as an excuse for particular behaviour; it may impair the drinker's judgement and coordination; alcohol dependence may lead to long-term deterioration in health and social functioning.

Alcohol consumption is linked to violence and emotional, physical and sexual abuse in the home; the most common effects of problem drinking are arguments and family conflict. Physical violence within an adult relationship, usually termed 'domestic violence', is associated with alcohol misuse such that men who are violent to their partners are more likely to misuse alcohol than men who are not.

International studies suggest that alcohol is a factor in 20-30% of all accidents². While all activities carry a risk of accident, drinking alcohol prior to an activity clearly increases the risk. Alcohol consumption contributes to accidents by impairing the drinker's psychomotor function and increasing risk-taking behaviour³. Various types of accidents are common, including: road traffic accidents, drownings, burns, workplace accidents, falls, home and leisure accidents. Alcohol can also act to prevent post-injury recovery and reduce the likelihood of survival from falls, near drownings and burns.

² Honkanen R. (1993). *Alcohol in home and leisure activities*. *Addiction*, 88, pp. 939-944.

³ Heather N. (1994). *Alcohol, accidents and aggression*, *British Medical Journal*, 308, n. 6939, p1254.

Concluding, we can say that alcohol related social problems are a consequence of the ways people behave either after consuming alcohol, or in order to obtain alcohol. Whereas the health effects of alcohol are predictable to a large degree, the effects on behaviour are varied and complex. The environment and culture in which an individual drinks may be more important than the level of consumption when we consider social problems. Clearly, we can expect different types of problems and a different balance of problems when we look at the various social and environmental contexts in which drinking takes place across the European Union.

Not only is alcohol-related behaviour culturally bound, but so too are perceptions of what constitutes problematic behaviour. Drinking in the workplace, for example, may be perfectly acceptable in one region or industry, but unthinkable in another. These boundaries between acceptable and unacceptable behaviour may be reflected in a country's legislation.

It is interesting to see how different drinking cultures and societal norms vary across the European Union, and to what extent these are manifested in alcohol-related social problems. Alcohol problems in the workplace arise from a mixture of the health and behavioural effects of alcohol consumption. The impact of these effects on the individual and his or her immediate working environment should also be considered in the wider context of the culture and society in which that individual works.

1.4 CULTURAL ATTITUDES TOWARDS ALCOHOL CONSUMPTION

Presence of alcohol in different cultures

In the international literature, different cultures have been classified as follows:

- *Abstinent cultures*: cultural attitude is negative and all alcoholic beverages are forbidden;
- *Ambivalent cultures*: cultural attitude to alcohol use is positive in some social places and negative in the others;
- *Permissive cultures*: drinking alcoholic beverages is allowed, but a negative attitude towards drunkenness and other alcohol problems is developed;
- *Ultra-permissive cultures*: cultural attitude is permissive both towards drinking and alcohol related problems. This model is present in some cultures involved in a rapid social change, especially in those where heavy economic interests occur in alcohol production and distribution⁴.

Wet and dry cultures

In Europe we can distinguish between two broad drinking models: a *wet* or *Mediterranean model* and a *dry* or *Anglo-Saxon model*, depending on the level of cultural integration achieved by alcohol consumption. In the northern dry area, typically Sweden, Finland, and the United Kingdom, beer is the leading beverage, consumed on weekends and outside mealtimes. In the southern wet area, typically France, Spain, Portugal, Greece, wine is the main beverage, usually drunk at meals.

⁴ Cattarinussi B., in Cottino A., Rolli A (1992). *Le culture dell'alcool. Sociologia del bere quotidiano tra teoria e intervento*. ed. Franco Angeli, Milano, Italy,

Alcohol consumption is higher in the wet cultures where wine is highly integrated in daily life, but the opposite trend occurs as for the perception of alcohol related problems⁵.

In the dry context alcoholic beverages are ambivalent instruments to affect the mind, to loose control, and to influence new relationships, which in turn requires both leisure time and control measures; in the wet area the alcoholic beverage preserves the image of a positive and tasty liquid associated with food, whose characteristics have been known for centuries, of little concern either to the general population or to the government.

Beverage preferences

Traditionally, countries have been grouped according to their preferred alcoholic beverage: beer, wine or spirits. Countries showing a preference for certain types of alcoholic beverage are the following:

- *Beer*: Austria, Belgium, the Czech republic, Denmark, Finland, Germany, Ireland, Luxembourg, the Netherlands, Slovakia and the United Kingdom;
- *Wine*: Austria, Denmark, France, Greece, Hungary, Italy, Luxembourg, Portugal, Spain and Switzerland;
- *Spirits*: Bulgaria, France, Greece, Hungary, Latvia, Poland, Romania, the Russian Federation, Slovakia, and Spain.

In much of the literature on alcohol consumption patterns, it has been noted that there seems to be an increasing degree of uniformity in beverage preferences between the countries, and that preferences are generally converging all around the European Region.

Traditional patterns

In a study carried out in 1990, at least six patterns of alcohol consumption have been distinguished in Europe:

- *An Anglo-Saxon pattern*, found in predominantly beer drinking Germany and the United Kingdom, which show a consumption of considerable quantities of beer as well as of all other alcoholic beverages.
- *A North-Eastern pattern*, found in the predominantly beer-drinking Scandinavian countries and Czechoslovakia (undivided at the time of this study) and Ireland, where considerable quantities of beer are still consumed. In addition the strong spirits tradition continues.
- *A Central European pattern*, typical of countries such Austria, Belgium, Denmark and the Netherlands. In addition to the traditional beer, wine is gradually replacing spirits as "second best" and is in fact becoming relatively important.
- *An Eastern pattern*, found only in Poland and Hungary among the countries examined in the study. In these countries consumption of both spirits and beer remains very high.
- *A Mediterranean pattern*, in the Southern regions of the EU where wine is still clearly the predominant drink. In time beer has become important alongside wine and is gradually replacing spirits to take its place among dietary habits. Luxembourg and Switzerland also belong to this group.
- *France*, a case apart, and the only country examined where wine is still first preference, followed by spirits.

⁵ Allamani A., Voller F., Kubicka L., Bloomfield K., (2000). *Drinking cultures and the position of women in nine European countries*. Substance Abuse, Vol. 21 n.4.

The gap between Mediterranean and Northern or Eastern European drinking models is shrinking, particularly among young people and this includes both types of preferred beverages and frequency of drinking. Some general trends emerge:

- in contrast to the adult world there is a substantially greater uniformity of both preferences and consumption patterns among young people of different countries;
- young people's consumption patterns differ considerably from the traditions and habits of their respective countries.

Young people show a fairly uniform and distinct preference for beer, not only in countries where the beer is the referral drink, but also in the Mediterranean regions. Wine consumption is consistent, although still less than beer, in the Mediterranean countries. As well as beer, a large proportion of young people drink spirits, although less frequently, on special occasions and very often in the form of cocktails or various sweet liqueurs, according to fashion. Spirits are still widely consumed in the Scandinavian and Eastern European countries, with progressive penetration of the Mediterranean countries, in particular France and Spain, and notably in metropolitan areas.

▪ **SUMMARY OF FINDINGS PHASE 2**

A study on policies and legislation adopted by the EU and the various member states regarding alcohol-related problems

2.1 OVERVIEW OF THE MOST IMPORTANT LEGISLATIVE AND POLICY ACTIONS UNDERTAKEN AT A EUROPEAN LEVEL

2.1.1 Actions implemented within EU treaties and EU public health policies

➤ **1993: Maastricht Treaty**

The Maastricht Treaty, which was signed on 7 February 1992, and entered into force on 1 November 1993, made public health an official EU competence for the first time, legally based on Art.129, though no harmonisation of laws and regulations was included. To respond to these new obligations, the Commission presented a Communication in November 1993.

➤ **November 1993: Communication on the Framework for Action in the Field of Public Health (COM(93)559 FINAL)**

It set out a framework for action in the field of public health, and described the measures to be put forward by the Commission to give effect to Article 129 of the Maastricht Treaty. Key elements were the establishment of 8 Public Health Programmes, which together would represent such a Framework and would include information, education and vocational training measures covering several topics, among which the consumption of alcohol.

➤ **1998: Communication on the Development of Public Health Policy in the European Community (COM(98)230 FINAL)**

The Commission published a new Communication on EU health policy in 1998. The communication outlined a possible new Community public health policy, based upon three strands of action: Better information exchange; Rapid reaction to emerging health risks; Better disease prevention and health promotion; this would build on the existing disease-specific programmes and bring in other issues such as alcohol dependence.⁶

⁶ European Parliament Fact Sheets, 4.10.3 Public Health, 01/12/2000

➤ **1999: Treaty of Amsterdam**

The Treaty of Amsterdam was signed on 2 October 1997 and came into force on 1 May 1999. The extension of the legal basis of the Community's public health activities in the Amsterdam Treaty reflects the evolving consensus on the importance of Community action in this field.

➤ **May 2000: Communication on the Health Strategy of the European Community (COM(2000) 285 FINAL)**

This Communication sets out the Community's broad health strategy, taking into account of the Commission's communication of April 1998 and the Amsterdam Treaty objectives. A key element of this is a new public health framework, the "*Programme of Community Action in the Field of Public Health 2001-2006*", which focuses on three priorities: Improving health information and knowledge; Responding rapidly to health threats; and Addressing health determinants, in other words the underlying factors which affect people's health. This will be achieved by focussing on key lifestyle factors, among which the consumption of alcohol.

2.1.2 Specific actions and policies on alcohol and related harm at a European level

➤ **May 1986: Resolution of the Council and of the Representatives of the Governments of the Member States on Alcohol Abuse**

In this resolution, the Commission was invited to: "*weigh carefully the interests involved in the production, distribution and promotion of alcoholic beverages, and public health interests and to conduct a balanced policy to this end*" and to: "*examine what measures may contribute effectively towards achieving the objective of this resolution and, where necessary, to submit appropriate proposals to the Council*". Interesting was the note at the end of the document, stating that Community measures to be taken in future in this field should be closely coordinated with measures already taken on these problems within the framework of the World Health Organisation.⁷

➤ **1989: Council Directive 89/552/EEC on Alcohol Advertising**

The 1989 Directive restricts the content of alcohol advertisements on television. For many years, member states have had in place their own restrictions on marketing alcohol beverages to underage consumers. Many of these restrictions, which they have retained, go beyond the EU directive.

➤ **1991: Health for All, Target 17**

Health for All is a policy document of the World Health Organisation (WHO) for the European Region, signed by 43 member countries. Target 17 stated that: "*by the year 2000, the health-damaging consumption of dependence-producing substances such as alcohol, tobacco and psychoactive drugs should have been significantly reduced in all member states... This target can be achieved if well balanced policies and programmes in regard to the consumption and production of these substances are implemented at all levels and in different sectors... to reduce alcohol consumption by 25% with particular attention to reducing harmful use*".⁸

⁷ Resolution of the Council and of the Representatives of the Governments of the Member States, meeting within the Council, of 29 May 1986, on alcohol abuse

⁸ The European Perspective - Policy Responses to Alcohol - Factsheet 29 – Alcohol Concern (www.alcoholconcern.org.uk)

➤ **1992-1999: European Alcohol Action Plan (EAAP)**

The European Alcohol Action Plan has been designed by the WHO to achieve Target 17 of its Health for All policy. The aim of the Action Plan is to help Member States prevent the health risks and social consequences arising from alcohol use. To achieve this, two things are needed:

- a reduction in overall alcohol consumption;
- measures to combat high-risk behaviour.

Nine strategic action areas were incorporated in the Action Plan, designed both to prevent and to manage the harm associated with alcohol consumption⁹ The WHO Regional Office for Europe will take the lead in the international coordination of implementing the Action Plan.

➤ **1995: WHO European Charter On Alcohol**

The European Charter on Alcohol was adopted by 49 countries at the European Ministerial Conference on Health, Society and Alcohol, which was hosted by the WHO in December 1995 in Paris, but does not have the force of law. It refers to five specific ethical principles, which should be achieved by Member States by implementing ten strategies for alcohol action, which are described in the document.

➤ **1998: Evaluation Of European Alcohol Action Plan**

At the end of 1998, the WHO made an evaluation of the implementation of the EAAP during the period 1992-1998, based on responses to a questionnaire from 33 countries spread over the whole Region.

➤ **1998: HEALTH 21, Target 12**

The WHO Regional Office for Europe has developed HEALTH 21 - the WHO European policy for health for all in the 21st century. The goal of this policy is "to achieve full health potential for all".

It sets 21 targets for health, among which Target 12 is related to alcohol, and states that "*by the year 2015, the adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all Member States*".¹⁰

➤ **2000-2005: European Alcohol Action Plan (EAAP)**

The EAAP 2000-2005 was endorsed at the forty-ninth session of the Regional Committee for Europe of the WHO, 13-17 September 1999 in Florence. Evaluation of the previous phases of the EAAP (1992-1999) has been important in formulating this Plan. As clearly demonstrated by this evaluation, the opportunities for its implementation depend largely on economic, social and cultural factors in countries and communities. The aim of EAAP for the period 2000-2005 is to prevent and reduce the harm that can be done by alcohol throughout the European Region. The ten strategies set out in the European Charter on Alcohol provide the framework for EAAP during the period 2000-2005. The Action Plan indicates what should be achieved (outcomes) and how that can be achieved (actions). Each Member State will need to consider the nature of the alcohol-related problems it faces and to determine which of the possible actions listed would prove to be most applicable and effective in its own circumstances. There is no single model that can be applied across the European Region.¹¹

⁹ European Alcohol Action Plan - WHO Regional Office for Europe - 1993

¹⁰ Health 21. The health for all policy framework for the WHO European Region. The WHO Regional Office for Europe. European Health for All Series No. 5. Copenhagen, 1998

¹¹ European Alcohol Action Plan 2000-2005 – World Health Organisation - 2000

One of the outcomes mentioned in the EAAP is that: “By the year 2005, all countries of the European Region should... reduce the harm that can be done by **alcohol in the workplace**, in particular accidents and violence”. The recommended action to achieve this outcome is formulated as follows: “Promote a **workplace alcohol policy** based on education, prevention, early identification and treatment that is integrated into workplace health programmes, in both the public and private sectors”.¹²

➤ **January 2001: European Commission Recommendation concerning the Maximum Authorised Level of Alcohol in the Blood (AL) of Motor-Vehicle Drivers**

The objective of this Recommendation is to combat drinking and driving by setting a uniform maximum level of alcohol in the blood. The standard AL for all motor vehicle drivers which should be adopted by all of the Member States is one not exceeding 0.5 mg/ml. At the moment most of the Member States have already adopted that AL limit.

➤ **February 2001: Conference On Young People And Alcohol**

“Young people and alcohol” was the theme of the WHO Ministerial Conference held in Stockholm on 19-21 February 2001. The Conference adopted a declaration containing the following main elements:

- identification of alcohol as an important issue in young people’s health;
- confirmation of the need to have public health/alcohol policy developed without any interference from commercial or economic interests;
- the opportunity to have young people themselves involved in the policy-making process;
- the need to determine, at national and local levels, targets to reduce the impact of alcohol on young people’s health.¹³

➤ **June 2001: Council Recommendation 2001/458/Ec on the drinking of alcohol by young people, in particular children and adolescents.**

The purpose of this European Council recommendation is to sensitise all levels of society to the dangers of alcohol abuse among young people. The recommendation is designed to establish a common approach to this problem within the Community, and is placed in the broader context of the public health strategy and the programmes that focus on combating alcohol abuse.

➤ **Progress Report on the EAAP**

The “Progress Report on the European Alcohol Action Plan, including follow-up to the WHO European Ministerial Conference on Young People and Alcohol”, elaborated by the WHO Regional Office Europe, states that there is evidence that the European Alcohol Action Plan has strengthened the response in the Member States. Trends in the levels and patterns of consumption, however, are not as clear-cut. Comparing data over a 10-year period shows that in roughly one third of the countries total consumption is decreasing, in approximately one third there is an increase, while in the remainder the overall level of consumption is relatively stable. There is evidence that the number of traffic accidents related to alcohol consumption is declining in the majority of European Member States. Data available on other types of harm related to alcohol consumption show a mixed pattern, with increases in some and decreases in other countries. In the document, several specific actions are recommended.

¹² European Alcohol Action Plan 2000-2005 – World Health Organisation - 2000

¹³ Progress report on the European Alcohol Action Plan, including follow-up to the WHO European Ministerial Conference on Young People and Alcohol – WHO Regional Office for Europe

2.2 COMPARISON OF LEGISLATION IN EUROPEAN MEMBER STATES

National legislation

Only three State Members have not elaborated national laws on alcohol or alcohol-related problems (Belgium, Luxembourg and Greece) even if in the latter there are several alcohol relevant references in different laws but there is not a specific law.

Policies

The policies on alcohol or alcohol – related problems are analysed according to the following thematic areas:

- Support & Treatment
- Drink & Drive
- Licensing
- Commercial advertising/sponsorships/promotion of alcohol consumption
- Price and taxation

All State Members have adopted policies that regard Support & treatment matters. Every country has delegated the organisation, coordination and planning of prevention, support and treatment activities to a specific public body (for example regional and national institutes) or private organisations (for example NGO or no profit associations). Moreover countries like *The Netherlands, Germany and Denmark* have governmental policies which are focused on promoting safer drinking, moderate consumption and limiting risks in special situations (family, workplace, traffic etc.).

All State Members have adopted policies that regard Drink & Drive. In countries like Belgium, The Netherlands, Germany, France and Finland, Spain, Portugal, Greece, Austria and Italy (starting from 1 January 2003) the legal limit (BAC) is 0,05g%. In Luxembourg, Denmark, Ireland and United Kingdom the limit is 0,08g%. Only in Sweden this limit is lower and is equal to 0,02g%.

All State Members have adopted policies that regard Licensing for selling Alcohol, but there are considerable differences between countries. In fact, in countries like *Denmark, Finland and the United Kingdom* the young people under 18 cannot buy alcohol, while in *The Netherlands, Germany and Austria* there is the age limit to buy beer and wine of 16 and to buy spirits you have to be over 18. *Greece, Ireland and Sweden* have adopted different age limits for selling alcohol: Greece has established < 15 as the limit, in Sweden people who are younger than 20 may not purchase alcohol from state liquor stores, while Ireland is the only country that has no age limit to buy alcohol. In other all Member States the age limit is < 16.

Only two countries, Luxembourg and Germany, have no restrictions on commercial advertising or promotion of alcohol consumption. *All State Members have adopted policies that regarding price and taxation.*

Public prevention activities

All State Members have adopted policies that regard public prevention/education campaigns on alcohol use. Northern European countries like France, Finland, Sweden, Ireland, United Kingdom and Austria have adopted strategies regarding crime prevention and community safety, in the Southern European countries like Italy, Spain, Portugal and Greece strategies regarding crime prevention and community safety do not exist.

3.1 THE PROBLEMS FOR EMPLOYEES WHO MISUSE ALCOHOL

Besides the physical and mental problems that a person can experience from drinking alcohol, there are specific, work-related problems that can be caused by employees who misuse alcohol. In this phase, a review of studies on problems for employees who use alcohol in an excessive manner was carried out. Questions like how and to what extent alcohol use in and outside the workplace affects work performance are important because of the economic consequences like, for example, productivity loss. The emphasis laid on work performance instead of on other visible physiological and psychological symptoms of excessive alcohol use has grown in the last decade, and coincides with the assumption that work performance of problematic drinkers decreases noticeably even before alcohol dependence has developed. And of course, this decrease is a legitimate reason for employers to intervene in the alcohol use of employees.¹⁴

The international work organisation ILO estimates that globally 3-5% of the employed population is dependent on alcohol and that maximum 25% is at risk of becoming dependent.

The literature studied in this phase of the research strongly implies that, compared to their lighter drinking colleagues, heavy drinkers are at a higher risk for work absenteeism, and more often involved in industrial accidents, hurting themselves or someone else. In addition, heavy drinkers are more often in need of disability payment, are less productive, and responsible for more costs in health services. Because of their lowered performance, these alcohol dependant employees increase work pressure on their colleagues. They hurt productivity, the product-quality, and eventually, the company's reputation. Their absenteeism and health care use may lead to increased costs. They may lessen competition strength, weaken their companies' position, and jeopardise the jobs of their colleagues.¹⁵ The alcohol use of employees can therefore be regarded a concern to both employees and employers.

Hoffmann and Larison (1999) studied the relationship between substance abuse, workplace accidents and employee turnover. They found that several types of drugs (including alcohol) were related to the risk of being fired or resigning from a job in the previous year. Alcohol users reported a greater likelihood of resigning from a job than those employees who have never used any substance.¹⁶ Persons that lose their job because of alcohol problems often have difficulties finding new employment, and thus are at high risk of poverty and social exclusion.

¹⁴ De Fuentes-Merillas, Bijl (2000). De relatie tussen alcohol en werk: een literatuuroverzicht. In: Alcohol en werk. Red: Walburg en Van Dijk.

¹⁵ De Fuentes-Merillas, Bijl (2000). De relatie tussen alcohol en werk: een literatuuroverzicht. In: Alcohol en werk. Red: Walburg en Van Dijk.

¹⁶ Hoffmann, Larison (1999). Drug use, workplace accidents and employee turnover. *Journal of Drug Issues*, 29 (2), 341-364.

3.2 THE PROBLEMS FOR ORGANISATIONS

Alcohol problems amongst staff affect employers in a number of ways, including days lost through alcohol-related sickness, accidents and reduced productivity. These may be as a result of employees' long-term alcohol problems, binge drinking or difficulties related to another person's drinking. However, direct causal links between alcohol use and workplace problems are difficult to prove. In many cases employees, employers and health care professionals fail to identify drinking as the real reason behind absence or accidents, and so problems often go unreported.

Alcohol problems sometimes stem from an attempt to cope with an underlying problem such as stress, relationship difficulties, depression or bereavement. Managers and colleagues may be reluctant or lack the skills to identify and address personal or non-work issues, and so the alcohol problem goes unchecked. The challenge for organisations is to recognise alcohol problems and tackle them with appropriate sensitivity and consideration for employees' needs.

Absenteeism

Alcohol-related absenteeism arises from hangovers, accidents or injury occurring at work or elsewhere, and from health problems associated with long term drinking including mental health problems such as depression and anxiety. Lateness in the mornings or after lunch and unauthorised leave may also be alcohol-related. Research suggests that problem drinkers take between two to eight times as much sick leave as other employees. In addition there is a strong relationship between occasional excessive or inappropriate drinking and sickness absence¹⁷. This has implications for organisations' productivity and profitability, and is therefore a serious concern. In the UK, sickness absence related to alcohol costs an estimated £2 billion a year to employers¹⁸.

Performance and productivity

In addition to days lost to sickness absence, an organisation's productivity can also suffer from 'presenteeism' where an employee who is at work may perform badly due to drinking the night before or at lunchtime. Poor work performance can include missed appointments or deadlines, increased error rate, poor concentration, unreliability and an inability to remember instructions. Alcohol-related conduct such as withdrawal, poor co-operation, mood changes, uncharacteristic behaviour, alcohol on the breath and behaviour resulting in customer complaints can cause problems for management and colleagues too. The productivity and quality of work of employees who are stressed or depressed because of someone else's alcohol problem – including partners, family members and friends – is also likely to be adversely affected. Colleagues of problem drinkers can feel similar stress, particularly if they are covering up for their colleague's poor performance. This can impact on the morale of the team or unit, thereby potentially impacting on the performance of a wide group of people. Management of this issue is considerably more difficult than directly addressing employees who have alcohol problems, especially in the case of family or friends, when the problem drinker may not actually be an employee.

¹⁷ Henderson M. et al (1996) *Alcohol and the workplace* WHO Regional Publications, European Series, no. 67. World Health Organisation

¹⁸ Maynard, A. (1992) *Is it helpful to measure the social costs of alcohol misuse?* Research Training Information Newsletter. YARTIC (Yorkshire Addictions Training and Information Consortium)

Accidents

Alcohol may be involved in up to 25% of accidents in the workplace¹⁹. This is primarily because alcohol impairs concentration, judgement and co-ordination. The effects worsen with increasing levels of alcohol in the bloodstream. It has been suggested that employees with raised blood alcohol levels are at 10 to 11 times the risk of accidents than colleagues with no alcohol in the bloodstream²⁰.

Accidents may have an adverse impact on people other than the affected individual. Some employment sectors, such as those where machinery is used or transport is provided for the public, are at greater risk than others. However, accidents can happen in many different work situations – from using filing cabinets in an office, working with customers on the shop floor, or driving a company car. Employers have statutory and common-law obligations in relation to the safety of their employees and premises. Where managers or colleagues ignore or cover up for an employee with an alcohol problem, they may be in breach of their legal obligations.

Attrition

Some studies suggest that people with alcohol problems are significantly more likely to change jobs than non-problem drinkers²¹. Loss of staff due to alcohol-related death or incapacity is undoubtedly a problem for industry, although it is difficult to determine the extent of the problem. In all employment sectors the costs of recruiting and training staff are high. Losing highly experienced or expensively trained people impacts on the bottom line of an organisation, both in terms of the cost of recruiting and training replacements, and in terms of the loss to the organisation of the skills and experience of those people.

3.3 INTERNAL FACTORS THAT CAN CONTRIBUTE TO THE EMERGENCE OF ALCOHOL-RELATED PROBLEMS IN A COMPANY

Excessive use of alcohol can have negative consequences for work performance. On the other hand, it could be argued that disturbed relationships at the workplace, or the content and status of the tasks assigned to employees may contribute to excessive use of alcohol. In this phase of the research, we focussed on the association between alcohol use and work-related factors, without the pretence of being able to draw conclusions about causality.

De Fuentes-Merillas and Bijl (2000)²² have classified work-related factors that can contribute to the use of alcohol as follows: corporate culture, social control, alienation, and work pressure. The corporate culture means the existing climate regarding alcohol at the workplace, including the norms that emerge from the group as to how, when, and where it is allowed to drink alcohol. Social control on the use of alcohol is relatively low when people perceive that there is little supervision, and when direct work results are not clearly visible. In such a situation, the person in charge cannot control whether the employee has been productive enough. As a result, individuals who are inclined to drink alcohol are more tempted to do so.

¹⁹ Henderson M. et al (1996) *Alcohol and the workplace* WHO Regional Publications, European Series, no. 67. World Health Organisation

²⁰ Lendeman, D. and Metz, B (1960) *Les accidents du travail et l'alcool*. Population, 15, pp.301-316

²¹ Henderson M. et al (1996) *Alcohol and the workplace* WHO Regional Publications, European Series, no. 67. World Health Organisation

²² De Fuentes-Merillas, Bijl (2000). De relatie tussen alcohol en werk: een literatuuroverzicht. In J. A. Walburg & A. A. van Dijk (Eds.), *Alcohol en werk* (pp. 17-36). Houten/Diegem: Bohn, Stafleu, Van Loghum.

The alienation perspective implies that tasks that lack creativity, variation, and space for own judgement, and therefore deny the employees any sense of empowerment or control, can lead to alienation and as a result to alcohol use.²³

In working environments where men are predominantly present, there is more alcohol use at the job than in working situations with a higher percentage of women. Experiencing risks at the workplace, especially when specific rules and regulations are absent, seems to increase the alcohol use for employed men. In the case of women, a reverse effect was found: in this rather unsafe working situation, women are more inclined to limit their alcohol use. For women, the significant risk factors with regard to alcohol use in general are dissatisfaction with superiors, with the organisation of the tasks, and the (mental) burden caused by the job. Also, irregular working hours and frequent switching co-workers are risk factors for alcohol use at the workplace among women.

Work-related stress and alienation are factors often mentioned by researchers as possible determinants of alcohol use at the workplace.^{24 25 26} Perceived work stress, defined as 'time pressure, routine, and lack of visibility of work results' for women, and defined as 'time pressure and complexity of the task' for men, was related to psychological dependency on alcohol and symptomatic drinking.²⁷

Some sectors and categories of workers seem to be more affected than others by workplace drinking. Although there is some variation between countries, the industries that generally appear to be at risk for alcohol problems include the food and catering industry, transportation, the maritime sector, construction, assembly line workers, military personnel, and recreation and entertainment services.²⁸ Again in very general terms, lower status workers, young persons and males would appear to be particularly prone to workplace alcohol misuse. However, the problem is not confined to lower status workers. High consumption rates have also been noted among company directors, lawyers, doctors and police officers.²⁹

Alcohol Workplace Policies can reduce the incidence of alcohol problems provided they are widely understood by staff and actively implemented by management. The level of awareness at the workplace, along with the development of an attitude of prevention and greater responsibility among the workforce, can be very important factors in reducing the use of alcohol by individuals both at work and in the community.³⁰

²³ Sonnenstuhl, Trice (1991). The workplace as locale for risks and interventions in alcohol abuse. In Roman (red.), *Alcohol: the development of sociological perspectives on use and abuse. Alcohol, culture, and social control monograph series* (pp. 255-288). New Brunswick, NJ: Rutgers Center of Alcohol Studies.

²⁴ Richman, Flaherty, Rospenda (1996). Perceived workplace harassment experiences and problem drinking among physicians: broadening the stress/alienation paradigm. *Addiction*, 91(3), 391-403.

²⁵ Greenberg, Grunberg (1995). Work alienation and problem alcohol behavior. *J Health Soc Behav*, 36(1), 83-102.

²⁶ Yang, Yang, Kawachi (2001). Work experience and drinking behavior: alienation, occupational status, workplace drinking subculture and problem drinking. *Public Health*, 115(4), 265-271.

²⁷ Mandell, Eaton, Anthony, Garrison (1992). Alcoholism and occupations: a review and analysis of 104 occupations. *Alcoholism: clinical and Experimental Research*, 16, 734-746.

²⁸ <http://www.ilo.org/public/english/protection/safework/drug/impiss.htm>

²⁹ <http://www.ilo.org/public/english/protection/safework/drug/impiss.htm>

³⁰ NIAAA (1999). *Alcohol and the workplace*. Alcohol Alert no. 44, National Institute on Alcohol Abuse and Alcoholism, Maryland, USA.

3.4 COMPARATIVE GRID OF EUROPEAN COUNTRIES

In this phase of the study, a comparison was made between European Member States on the following points that emerged as the most interesting issues for comparison between countries:

- Workplace culture;
- Implemented policies ;
- Socio-economic costs of alcohol misuse.

Country	Workplace Culture	Policies	Socio-economic Costs
Austria	<p>It is legally allowed to consume alcohol during breaks, but more and more companies do not allow alcohol at the workplace.</p> <p>An average of 5-10% of employees of Austrian companies are affected by alcoholism or are at risk of becoming alcoholics.</p>	<p>It is becoming more and more common to have alcohol policies, but most of them are just forbidding alcohol at the workplace. More elaborated Employee Assistance Programs (EAPs) have been starting during the last years.</p> <p>However, in the last 10 years, a rather large number of Austrian companies has decided to establish extensive preventive alcohol programs.</p> <p>However, most companies tried to cover the topic „handling alcohol“ with lectures and individual counselling, which in general is not sufficient. Further measures included changes in working hours, founding company sports teams as well as changes in the offered meals.</p>	<p>The resulting yearly loss for a company with 1000 employees amounts at ca. 218.000 EURO.</p> <p>Each working day, Austrian companies lose about 2,9 million EURO due to alcohol. This leads to a general loss of about 72,7 million euro for the Austrian national economy every year.</p> <p>According to the Österreichische Allgemeine Unfallversicherungsanstalt (the general accident insurance company of Austria), alcohol plays a part in almost a third of all industrial accidents .</p>
Belgium	<p>Some companies have developed programmes of action. However, an article in Trends (01.04.93) reported that "businesses having put in place a consistent programme of action against alcohol and drugs are rare". They are usually developed because of excessive alcohol abuse in the business. They generally consist of provision of information and advice to workers, usually in the course of medical interviews, sometimes in published articles of company newspapers.</p>	<p>Legal prescriptions on alcohol at work can be found in the <i>Règlement général pour la protection du travail</i> (General directives for protection at work).</p> <p>Article 19 states that "<i>The introduction of alcohol or fermented beverages with an alcohol level of more than 6% is prohibited in factories, workshops and offices, as well as on all building sites and their outbuildings.</i>"</p> <p>Alcohol at work is not considered a priority by some workers' and employers' organisations, but there do exist organisations willing to offer services to those firms, which wish to have an alcohol workplace policy. Such policies have been established in various firms and generally they provide rules for consumption (mostly they prohibit alcohol consumption and introduction). Some firms have established also prevention and treatment programmes, but these are rare.</p>	

Country	Workplace Culture	Policies	Socio-economic Costs
Denmark	<p>Most of the companies, which implement regulations also develop a programme of action. These programmes generally provide some form of support for employees: a network of key people is introduced to encourage employees to take care, to advise and guide them.</p>	<p>In Denmark, there is no legislation on alcohol in the workplace, with the exception of the Air Traffic Law (§252) which forbids pilots to consume any alcohol before and during work. In terms of the law, anyone can drink in their place of work if they wish so. However, in terms of the actual working environment, regulation is generally stipulated in the agreements developed and approved jointly by the employer and the workers representatives. In many businesses, the consumption of alcohol is forbidden in this way.</p> <p>A study showed that 80% of large companies and 65% of smaller companies have an alcohol policy, which specifies norms of consumption and the procedures to put in place to help workers with alcohol problems.</p>	<p>Costs of loss of production: 90 million euro (7.3% of total costs to society of alcohol abuse). Source: The cost to society of alcohol abuse, Ministry of Health, 1997.</p>
Finland	<p>Consumption during working hours is not generally permitted, and the Wage Agreement Act states that the worker may be dismissed if consumption interferes with work .</p> <p>Alcohol is used much less at business lunches today than it was in the past; in the public sector, drinking alcohol at lunch is even rarer .</p>	<p>The Finnish National Alcohol Programme, developed in 1997, marked an important shift from the use of price and supply controls to restrict the consumption of alcohol. Under the Programme, emphasis is now placed on participation and awareness among citizens and employers, including workplace alcohol programmes.</p>	
France	<p>It is normal to drink with colleagues or clients at lunchtime. Wine, beer or cider may be available in work canteens. One study suggests nearly 8 out of 10 workers have drunk alcohol in the workplace – e.g. when new staff arrive, colleagues retire, or at receptions .</p>	<p>Consumption at workplaces is limited to fermented beverages, the maximum quantity being specified by workshop regulations.</p>	<p>In 1980, the estimated costs of alcohol-related problems in the workplace were FF 21 thousand million .</p> <p>Absenteeism is 3.3 times higher in companies having employees with alcohol problems .</p> <p>Different studies suggest that between 3 and 20% of workers have alcohol problems .</p>

Country	Workplace Culture	Policies	Socio-economic Costs
Germany	Many companies initiate prevention and support programmes for workers.	<p>There is no general ban on alcohol, which is applicable to all employees or all workplaces. The Regulations for Prevention of Accidents at Work do not include this ban either. However, article 38 of these regulations includes a relevant clause: Unfall - Verhütungs vorschriften (1/1/1977) Article 38 <i>“The assured may not be, as a result of ingestion of alcohol, in a condition which puts them or a third party in danger. Those who, as a result of ingestion of alcohol or other psychotropic substance, are no longer in a condition to perform their duties without danger to themselves or others, must be discharged.”</i></p> <p>Workplace programmes are usually developed in the form of EAP (Employee Assistance Programme), in which workers can get help for alcohol related problems within the workplace. These programmes are generally introduced through poster campaigns and by publication of leaflets for personnel.</p>	
Greece	Consumption during working hours is generally permitted.	There is no National Program and only few programmes at local level.	
Ireland	Research shows that one in five workers reported their productivity was affected because of colleagues' drinking; typical problems including being injured or put in danger, having to re-do tasks, or cover for a co-worker .	<p>In Ireland, employee assistance programmes (EAP) deal with a variety of employee problems including alcohol misuse. A number of large Irish companies have had EAPs in operation for some years. In 1995 a survey indicated that 5.4% of companies had formal EAP programmes and another 16.7% reported informal programmes .</p> <p>However, most workplaces focus on finding and treating people with alcohol problems, rather than shaping the attitudes of their colleagues to the impact of occasional excessive drinking on the ability to do their jobs .</p>	A 1992 survey found that Irish employees were absent from work for 4.5% of the available working time or a total of 12.5 million working days. People with alcohol problems that extend to the workplace are said to represent one third of all absences and cost Irish industry over IR£350m per annum in lost output. Employees with drinking problems are said to be on average 35% less productive than their colleagues .

Country	Workplace Culture	Policies	Socio-economic Costs
Italy	Consumption during working hours is generally permitted. In some specific contracts is indicated that if the alcohol is available at meals, the limit is set at 0.25 litre of wine or 0.33 litre of beer.	<p>There are few programmes at local level. Some collective agreements in various sectors of industry, however, provide for disciplinary measures to be taken in cases of consumption or intoxication. At national level, there is the following act: L.125 art.15 <i>“It is forbidden to consume or serve alcoholic drinks or spirits, during those work activities with a high accident or safety risk, or which represent a threat to the safety and health of third parties, as identified in the joint Minister of Labour and Social Security / Minister of Health Decree”.</i></p> <p>Furthermore, a national research and information project for companies has been started.</p>	In 1996 CENSIS estimated the cost of alcohol abuse for companies at ca.3 million euro, excluding the costs of absenteeism due to illness or accidents, which amounts to another 1,5 million euro.
Luxembourg	In Luxembourg, wine-growing, beer brewing and spirit distillation are part of the national economy. Social drinking and drinking tradition are deeply rooted in the social life. Alcohol is not really seen as a drug but it belongs to the daily diet. All interviewed employers’ and workers’ organisations admit that alcohol is causing problems in many companies. Nevertheless, they regard alcohol and drugs not as their major concern.	<p>Alcohol consumption can be forbidden by company regulation, like in the construction sector, which forbids workers to bring or consume alcohol in the workplace, or to arrive in a state of intoxication for safety reasons. The first chapter of <i>Prescriptions for Prevention of Accidents</i>, enacted by the Association of Insurance against Accidents, Industrial Section, states: §36 – 1. <i>The assured must not, by abusive consumption of alcohol, put themselves into a state where they may constitute a danger to themselves or to others.</i> §36 – 2. <i>The assured who, under the influence of alcohol or other products, are no longer capable of carrying out their duties in safety, are dismissed from work.</i> §36 – 3. <i>The head of the company must forbid by internal company regulation, all consumption of alcohol during work and breaks, and take the measures necessary to supervise this ban.</i></p> <p>This is an example of regulations putting the emphasis on safety and on the responsibility of superiors in detecting intoxication. There is no provision for treatment or preventive measures. It is difficult, however, to generalise this situation to the rest of the country.</p>	

Country	Workplace Culture	Policies	Socio-economic Costs
Portugal	The consumption of alcoholic beverages is allowed during lunch and supper, in amounts limited to a maximum of 25 CL of wine or 33 CL of beer per meal, and only for persons from the age of 16.	A Regional Centre in the South (CRAS) proposed a programme to fight drug and alcohol consumption in the workplace.	
Spain	Alcohol consumption at the workplace is rather high. About 2 million employees drink excessively, and 1 million of them habitually. About 1 on 3 employees drink alcohol during work days.	<p>The legislation in Spain forbids employees to bring alcoholic drinks to work and to be in a state of inebriation at work. The first intervention program in the field of alcohol and the workplace was established in 1981, and focused on assisting problem drinkers.</p> <p>In 1994 the National Commission for Prevention of Drug addiction in the Workplace was established, with the aim to stimulate and direct the information and prevention programs, within the framework of the National Plan on Drugs.</p> <p>One of the trade unions (Union General de Trabajadores) trains and makes its representatives aware of the problem of alcohol abuse so they can help employees with alcohol problems. The main concerns of UGT are:</p> <ul style="list-style-type: none"> - Protecting the employee (job guarantees, prohibiting screening tests, respect for the dignity of employees, support during rehabilitation...); - Looking for ways of modifying and improving working conditions (having interesting tasks, the amount of work, possibilities for promotion...). 	<p>In 1998 a study estimated the cost for indirect consequences (no sanitary consequences) of alcoholism for companies at ca.409.288 millions of pts./year (121.219 concerning absenteeism and 288.069 concerning the reduction of efficiency).</p> <p>Employees who are problem drinkers have an average loss of 30 work days. The working cost is 64% of the total alcohol abuse cost in Spain, estimated at 637.718 millions of pts/year.</p>
Sweden	No information available.	Labour market legislation makes the employer responsible for eliminating problems within the work environment – including those resulting from alcohol consumption. Most companies and public agencies deal with these problems through their regular personnel function, without having a specific alcohol or drug policy or programme. But many larger companies, have adopted a special written policy and launched programmes. An organisation called Alna operates throughout Sweden to help employers prevent alcohol problems in the workplace. Most Alna members establish a special group which comprises staff with an interest in the issues who represent either the employer or the local unions.	The cost of lost output because of alcohol during the 1980's is estimated at Skr 5000 million annually. The Medical Advisory Committee at the Ministry of Health and Social Welfare reports alcohol as one of the major causes of production losses, illness and premature death, and of high costs of social and medical resources . A study in Sweden in 1991 showed that 11% of the employees who died in work related accidents had alcohol in their blood .

Country	Workplace Culture	Policies	Socio-economic Costs
The Netherlands	<p>There are a number of sectors that have a zero-tolerance policy regarding alcohol, such as in transport, because of the major safety risks. In other sectors the strong drinking culture has disappeared, and as a result the range of alcohol problems has reduced. Changed working conditions, and increased productivity and quality demands are considered the most important factors for this reduction. Some sectors are almost completely 'dry', in others the use of alcohol is decreasing by strict safety demands and a heightened consciousness, responsibility and a professional sense of duty.</p>	<p>Law does not prohibit alcohol use at the workplace. When employees get drunk in spite of warnings, employers are allowed to fire the employee. There are BAC norms with regard to employees who drive cars, planes, ships and soon trains. The law for circumstances at the workplace does not contain specific regulations on alcohol use. In several collective working agreements, regulations on alcohol use are included. Especially in the transportation sector, security, plasterer-, completion- and terrazzo sector prohibition and punishment regulations are represented. The General Public Servants Code prohibits the possession and use of alcohol at the workplace.</p>	<p>5% of the employees are problem drinkers, who are absent 6 times more often, and have a 4 time bigger chance at a corporal accident. Of the employees on sick leave, 13% claim to have problems through the use of alcohol, for 5% these problems are very severe. The KPMG estimates the loss of production by alcohol use at the workplace annually at 240 million euro. 3% of the total alcohol consumption in the Netherlands is consumed on the job.</p>
United Kingdom	<p>Drinking at lunchtime (in pubs) is no longer the norm. Research suggests that of the whole workforce, managers are more likely to drink at lunchtime but that overall more than 70% never drink at lunchtime. A survey in Scotland found that managers and professional workers thought it was more acceptable for them to drink during office hours than it was for other staff.</p>	<p>77% of employers now have alcohol policies; 10% test employees for alcohol or drug use, and 9% have run tests in their recruitment process. Employer liability in the event of an accident is a clear concern. There are now a large number of providers of advice, consultancy and training for employers on implementing alcohol policies, including some funded by Government. In addition, many employers use private employee assistance programmes which address alcohol alongside other employee problems.</p>	<p>75% of employers have suffered absenteeism as a result of alcohol misuse. The cost of alcohol misuse for employers is estimated at £2 billion sterling per year . Up to 14 million working days are lost each year as a result of alcohol use, amounting to 3 to 5% of all absences .</p>

▪ **SUMMARY OF FINDINGS PHASE 4**

The identification of best practices in implementing measures within companies that encourage a better dissemination of information among employees, and preventive and supportive measures for employees that have alcohol problems

The identification and exchange of best practices is very useful from two points of view: first of all, for the single subjects involved (in this case European companies and their employees), as it permits them to benefit from the experience of others. Secondly, it is important at a European level, as it contributes to the harmonisation process of policies.¹

In this phase of the study, a number of cases that represent best practices were identified in several countries of the European Union. “Best practices” here means the so-called alcohol workplace policies implemented by organisations that are seeking to address alcohol-related problems in the workplace as efficiently as possible, and that have proved to be effective. In the present comparative study, an alcohol policy was regarded a best practice when it included at least five or more of the following elements:

- All parties are involved in the development of the policy
- Policy rules are formalized and familiar to all employees
- Alcohol free environment at the workplace
- Prevention measures
- Early detection / recognition of employees with (potential) alcohol problems
- Sufficient treatment and support for employees dealing with alcohol problems
- Confidentiality

On basis of these criteria for best practices, the following companies were selected: Heineken Holland, Huntsman Holland, Generali Group Austria, Centrale del Latte Firenze, Atomic Weapon Establishment UK, and MyTravel Sweden. To gather particular information on the alcohol policies of these companies, interviews were held with representatives of these 6 companies.

▪ **SUMMARY OF FINDINGS PHASE 5**

A study of the conditions that will encourage and facilitate the transfer of individual best practices at a European level and the identification of methodologies and tools that can encourage the dialogue and exchange of experiences between European organisations

5.1 COMPARATIVE ANALYSIS OF BEST PRACTICES

A comparative analysis was carried out of the most significant best practices, to compare and contrast the various elements and characteristics of the alcohol workplace policies that were defined as best practices in the previous phase: the workplace alcohol policies of *Heineken* (The Netherlands), *My Travel* (Sweden), *Atomic Weapons Establishment* (UK), *Centrale del Latte* (Italy), *Generali Insurance* (Austria), *Huntsman Holland* (The Netherlands).

In this concluding chapter, these best practices will be compared on relevant aspects regarding its' contents. In the following, similarities and differences with regard to the aims and objectives of these best practices will be discussed. Next, similarities and differences in measures and evaluation procedures will be presented, as well as facilitating factors for the implementation of alcohol policies at the workplace. Finally, guidelines will be suggested for the development and implementation of a company alcohol policy.

AIMS OF THE POLICY

Different motives for the development of an alcohol policy have been reported. Heineken and MyTravel were both concerned about their public image. Heineken was concerned about its image because it was assumed that, as an alcohol producing company, Heineken would condone alcohol use at the workplace. MyTravel was concerned because workers belong to a high-risk group for alcohol abuse, namely young employees who entertain people on holiday. Both companies have a 'wet' workplace culture, because employees are allowed to drink during working hours when it is functionally required. Through outside pressure (society, government) both companies decided to develop and implement an alcohol policy.

The Atomic Weapons Establishment (AWE) also developed and implemented an alcohol policy because of societal pressures. But the most important factor in AWE's decision to develop an alcohol policy was the need to ensure and demonstrate the safety of their operations to external stakeholders, including the Ministry of Defence and the general public. This was also the case for Huntsman. Both AWE and Huntsman work with potentially dangerous products (warheads and petrochemicals) and a corporate accident could have fatal and far-reaching effects. Therefore, safety is especially important in these two companies.

For Centrale del Latte and Generali the most important reason for the development and implementation of an alcohol policy was their concern about alcohol problems at the workplace. Generali dealt with two deaths due to alcoholism. Their main aim was to prevent alcohol problems causing productivity loss and absenteeism. Centrale del Latte's main aim was to develop a close network with alcohol services and to sensitise employees for the risks of alcohol use at the workplace.

In sum, the aims of alcohol policy can be divided into three categories, namely improvement of the company image, improvement of company safety, and improvement of the health of employees.

OBJECTIVES

There are three prevention areas on which an alcohol policy can be focussed. Primary prevention involves the prevention of (excessive) alcohol use among employees, both at the workplace and in general. Secondary prevention is aiming at the early detection of alcohol problems in employees. Finally, tertiary prevention involves support of employees experiencing alcohol problems, and the facilitation of care and treatment for these employees.

In the area of primary prevention, two companies introduced a complete ban on alcohol at the workplace (namely, Huntsman and AWE), as well as an alcohol testing policy. Notably, both these companies involved possibly dangerous products. In one of the other companies (Generali), every department had its own responsibility for laying down rules on drinking alcohol at the workplace. Of these departments, only one department banned alcohol completely. Within the three remaining companies (Heineken, MyTravel, and Centrale del Latte) employees were taught responsible ways to handle alcohol at the workplace or in general.

On secondary prevention, i.e. early detection of employees at risk for alcohol related problems, several activities were reported. In all companies, managers were trained to detect alcohol problems in an early stage. In some instances, employees also received training on early detection of alcohol abuse among colleagues. However, the intensity of the training varied among companies and professional levels.

With regard to tertiary prevention, i.e. treatment, care and support for employees with alcohol problems, companies generally established contact with addiction care institutes to refer their employees with alcohol problems to. At three companies (Centrale del Latte, Generali and MyTravel), employees are referred to specialist alcohol services. One of these companies, namely

Centrale del Latte, established a particularly close relationship with alcohol services. In addition, two companies (Heineken and AWE) have their own medical staff to take care of employees experiencing alcohol related problems, however these employees can also be referred to external services. Finally, at one company (Huntsman), managers were instructed to take disciplinary measures in the case of employees being under the influence of alcohol during working hours. Their focus is on disciplinary measures, and not on support and care.

MEASURES

Companies have developed and implemented several measures in order to achieve alcohol policy aims and objectives. In all cases, the target groups for these measures were all company employees. However, in one company (MyTravel), alcohol measures were exclusively directed towards representatives and managers in overseas holiday resorts. Moreover, in two companies, different guidelines were developed for different departments (Heineken, Generali).

Most companies (all except MyTravel) have developed and disseminated written material on the implementation and content of the company alcohol policy. Heineken disseminated this information by means of a letter attached to the salary letter, and by means of posters and brochures at the workplace. Huntsman handed out information packages to all employees. The employees of AWE received an alcohol and drugs information package and a copy of the formalised drug and alcohol policy, including details of how and why it was set up. Moreover, AWE has put central information on the intranet. At Centrale del Latte, employees received information materials, specifically adapted to the workers level. Finally, Generali had inter-organisational media about the alcohol policy.

In all companies, employees were involved in training and discussion sessions on alcohol use (at the workplace). Huntsman and Heineken organised small group discussions for employees. AWE and MyTravel had alcohol awareness training for their staff. Generali had a one-day workshop for employees and managers introducing guidelines for the handling of at-risk employees. Centrale del Latte organised a training session for a small group of 10 employees who are responsible for the safety in the company. Heineken showed a film on drinking and driving and after showing that film, small group discussions were held with representatives of several departments (personnel, medical services).

Several companies organised extra training or information for managers. MyTravel offered guidance to managers on how to implement the alcohol policy. At Huntsman, supervisors received alcohol policy training, preceding the dissemination of information packages among employees. At AWE, management received information and a guidance pack on the alcohol policy and its implementation. In summary, alcohol policy measures generally include broad dissemination of written information, training or discussion groups for employees and staff, and extra training for managers.

EVALUATION

The final step during the process of policy implementation is the evaluation phase. It should be noted, however, that none of the companies has conducted a thorough effect evaluation of the alcohol policy, including objective measurements, such as for instance change in alcohol use, absenteeism or work performance before and after the implementation of the alcohol policy. However, several companies have evaluated (elements of) the process of policy implementation. For instance, workshops or training sessions (Huntsman, Centrale del Latte) and familiarity with the alcohol policy (MyTravel, Centrale del Latte, Generali, AWE) have been evaluated. One company (MyTravel) is monitoring the process of implementation by means of a yearly evaluation. For the past two years, staff members have been asked about their familiarity with the alcohol policy and whether they acted accordingly. In another company (Centrale del Latte), information was gathered

on the dissemination and use of information packages. More specifically, information was obtained on the number of employees asking for information and/or taking information materials. At Huntsman, supervisors were asked to fill out an evaluation form after completing the training. They were asked about the contents of the course, the applicability of the contents, the teacher and the used materials. Generali administered anonymous questionnaires containing questions on problem awareness among the staff, alcohol consumption at seminars, parties, and the image of alcohol within the company. Finally, Heineken did not conduct any evaluation.

FACILITATING FACTORS

Overall, for an alcohol policy to be successfully implemented, it is necessary that the higher management is supportive of the development and implementation. Full support of the higher management is required, because the development and implementation of an alcohol policy asks for enough resources, e.g. financial support and time, as well as active involvement, for instance to establish an alcohol-free environment. Also, managers are generally regarded as role models for the rest of the employees. In addition, support of staff members and employees is important to overcome potential resistance to particular alcohol policy measures.

BEST PRACTICES

When we look at the criteria suggested in the previous section, the following conclusions can be drawn regarding the companies under study:

- *All parties involved in the development of the policy.* Only in one company (Centrale del Latte) representatives of all parties were involved in the development of the alcohol policy. It may seem very time consuming to involve representatives of all parties in the development and implementation of an alcohol program. However, since support from all parties is an important facilitating factor for the implementation of an alcohol policy, creating commitment among all professional levels seems a worthwhile endeavor.
- *The rules are formalized and familiar to all employees.* All studied companies met this criterion.
- *Alcohol free environment at the workplace.* Only two companies (Huntsman and AWE), with very heavy safety regulations, established a completely alcohol free workplace. The other four companies did not.
- *Prevention measures.* The basis of the alcohol policy in all companies was to inform their employees about the adverse effects of alcohol.
- *Early detection / recognition of employees with (potential) alcohol problems.* All interviewed companies met this criterion. Besides information on the hazardous effects of alcohol, most companies disseminated information on symptoms and risk factors for alcohol abuse. Managers and staff frequently engaged in training on early detection.
- *Sufficient treatment and support for employees dealing with alcohol problems.* All companies offer help and support for employees with alcohol related problems, except for one. Support from addiction care services outside the company is probably the best support for employees with alcohol related problems because of the expertise of these services and the relative anonymity of the person in treatment.
- *Confidentiality.* It is very important that the confidentiality of the employees is secured. All companies have implemented this norm.
- *Equal treatment for all employees.* This criterion was met by half of the companies. Within the three companies that did not meet this norm, there are different rules and regulations for different departments and different professions. Although none of the company representatives mentioned non-equal treatment as a limiting factor for the implementation of an alcohol policy, one may assume that this aspect may evoke resistance

GUIDELINES

On basis of the present comparative study, a set of recommendations can be given for the development and implementation of an alcohol policy at the workplace. In sum, best alcohol policy practice should preferably include the following elements:

- Members of all parties should be involved in the development and implementation of the alcohol policy
- The alcohol policy should be formalized and all employees should be familiar with its contents
- Specific, measurable, acceptable, realistic and time-limited aims should be formalized
- Objectives should be designed to meet these aims
- Objectives should focus on primary, secondary and tertiary prevention
- Measures should be adapted to the level of the target group
- Confidentiality of information should be guaranteed
- Divisions, departments and professional levels should be treated equally
- Evaluation of the policy should focus on effect as well as process indicators.

Finally, some concluding remarks regarding these guidelines should be made. First of all, the desired effect of an alcohol policy should be the starting point of the development of such a policy, and formulated in terms of specific, measurable, acceptable, realistic and time-limited aims. The evaluation of the project should be closely linked to the aims of the alcohol policy. For instance, if the aspiration of the policy is to reduce alcohol use at the workplace, then alcohol use at the workplace should be measured before and after implementation of the policy, in order to investigate whether the policy has accomplished the planned reduction (preferably, the research should also include a control condition, for instance a related company or department without such an alcohol policy). When the aims of the policy are clear, more detailed objectives can be set to accomplish the intended effect.

Second, supportive management is absolutely required for a successful development and implementation of an alcohol policy. In addition, support from all professional levels is an important facilitating factor for the implementation of an alcohol policy. Therefore, the alcohol policy should be clearly formalised, defining individual responsibilities of the company and its employees. Moreover, continuous attention for managers and employees' attitudes towards the implementation of an alcohol policy is required to assure commitment and compliance with the policy.

5.2 ENCOURAGING THE DIALOGUE AND EXCHANGE OF EXPERIENCES AT EUROPEAN LEVEL

While doing the research, we came across some particularly interesting organisations in different European countries that are active in the field of alcohol workplace policies. These organisations are all giving technical assistance to companies wishing to implement alcohol policies at the workplace, and most of them are operating at national level. As one of the aims of our project is to search for tools and methodologies to encourage the dialogue and exchange of experiences at European level, we decided to approach three of them for an interview, and learn more about their activities.

5.2 COMPARATIVE ANALYSIS OF NATIONAL ALCOHOL INSTITUTES

Providing alcohol-related advice and support to employers

A comparative analysis of Alcohol Concern, Alna and Alcon

Three organisations offering alcohol-related services to employers were examined. Alcohol Concern (UK), Alna (Sweden) and Alcon (The Netherlands) all provide services to companies seeking to set up a workplace alcohol policy. This section offers a comparative analysis of these organizations and the services they offer.

Organizational structure and aims

The three organizations studied vary considerably in structure. While Alna work solely in the field of substance misuse in the workplace, the workplace services offered by Alcohol Concern and Alcon form just one part of organisational remits covering broader issues.

Alcohol Concern is a Non-Governmental agency (NGO) addressing all aspects of alcohol misuse. The organisation did, until 2002, have a dedicated workplace service. This element of their work has since been scaled down - training for employers wishing to set up an alcohol policy is now offered as part of Alcohol Concern Consultancy Service, while more general information on alcohol and the workplace is available from the Information unit.

The Alcon service is part of the department of Workplace Health Promotion (GBW) within the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ). Although the Alcon service concentrates on delivering alcohol-related consultancy to workplaces, the organisation as a whole is focused on all aspects of health promotion and disease prevention.

Alna's work is entirely concentrated on drug and alcohol-related workplace issues. The organisation works closely with employer's organizations, the Swedish Trade Union Federation (LO) and the Swedish Confederation of Professional Employees (TCO) to ensure drug and alcohol issues are addressed. Unlike the other two organisations, Alna also has regional offices providing support to employers (and employees) in the local area.

All the organizations studied work on a national level, not just to offer consultancy and training to employers, but also to raise awareness and to influence local, regional and national policy.

Services

All three organisations provide information and support to employers wishing to design and implement a workplace alcohol policy.

Both Alcohol Concern and Alcon can provide interested companies with free step-by-step guides to designing and implementing an alcohol policy. At Alcon this takes the form of a seven-step-plan, whereas Alcohol Concern offer a series of eight 'glancesheets' introducing the topic to employers. Employers can use this information as a guide to setting up the alcohol policy for themselves. Alcohol Concern has also produced a more in-depth manual aimed at employers wishing to design and implement a policy – both this manual and the glancesheets also include information on drugs.

Alcohol Concern and Alcon can also assist employers seeking additional help in setting up their policy. For both organisations, this takes the form of a consultancy service. Alcohol Concern has access to a 'pool' of consultants who can offer advice and training to employers, while Alcon can put companies in touch with relevant professionals (counsellors, etc) if necessary. Neither

organisation offers in-house training or policy development for employers, but rather act as mediators and facilitators between the interested employer and known specialists and professionals.

The range of services offered by Alna is more comprehensive and provided in-house, rather than by external consultants. Employers are encouraged to contact one of 11 regional councils for information and advice. These councils work closely with local authorities and other relevant organizations and are supported by the national Alna office, which enables them to provide coordinated support across the country, and keeps up to date with developments in the field.

Unlike Alcohol Concern and Alcon, Alna run a membership service that gives employers continued access to Alna's expertise. Alna advise on specific instances, rather than just aiding the initial formulation of the policy. Alna also offer counselling services and can refer employees to other helping services if necessary. Neither Alcohol Concern nor Alcon have direct input into case-by-case treatment needs assessment or provision.

Funding

All of the organisations studied received some government funding – although this funding was not necessarily directly applicable to the provision of workplace services.

Consultancy services were charged for across all three companies, although initial literature could be provided free of charge. While Alcohol Concern charge for workplace on a project-by-project basis, the emphasis at Alna was on payment by subscription – as matches the type of service provided.

Since the discontinuation of the Alcohol Concern Drugs and Alcohol Workplace Service project in 2002, the majority of workplace services offered are now, by necessity, self-funding. Alna also mentioned an increasing need to generate their own funds, rather than relying heavily on grants from local and health authorities.

Concerns for the future and the sharing of ideas

Alcon's main concern was the employers' lack of interest in alcohol issues – they felt that for the problems of alcohol misuse in the workplace to be more effectively addressed there needed to be a change of attitude amongst employers. Although the organisation is already involved in some more general European health promotion networks, they felt an alcohol-specific network would better enable the spread of ideas.

Alcohol Concern were also interested in the possibility of a European network of relevant organisations. They were particularly interested in information and best practice around the issues of training and quality service provision. Their main hope for the future, however, was more stable and dedicated funding for alcohol-related workplace services, and a more coordinated approach to the problems of alcohol misuse and the workplace.

This interest in a network or collaboration is why we decided to dedicate some time of the final conference of this project to this aim: bringing together representatives of these kind of organisations which are giving technical assistance in their country on how to implement alcohol workplace policies. We decided to organise a round table session and discuss the possibilities of starting up a European network on alcohol and the workplace issues.